Today's date: _____/_____/_____
Day Month Year

DENGUE CASE INVESTIGATION REPORT (HAITI TRAVEL)

CDC Dengue Branch and Puerto Rico Department of Health
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Form Approved OMB No. 0920-

FOR CDC DENGUE BRANCH USE ONLY

Case number

SAN ID GCODE

Specimen #	Days post onset (DPO)	Type	Date Received
S1			____/____/____
S2			____/____/____
S3			____/____/____
S4			____/____/____

Please read and complete ALL sections

Patient Data Hospitalized due to this illness: No ☐ Yes ☐ → Hospital Name: Civilian: ☐ DoD: ☐

Name of Patient: Last Name First Name Middle Name or Initial

If patient is a minor, name of father or primary caregiver: Last Name First Name Middle Name or Initial

Fatal: Yes ☐ No ☐ Unk ☐

Mental status changes: Yes ☐ No ☐ Unk ☐

Home (Physical) Address

Home address here

City: Zip code: _ _ _ _ _ - _ _ _ _

Tel: Other Tel:

Residence is close to:

Work address:

Physician who referred this case

Name of Healthcare Provider:

Tel: Fax: Email:

Send laboratory results to (mailing address):

Patient's Demographic Information

Date of Birth: _____/_____/_____ Day Month Year

Age: _____month or Age: _____years

Sex: M F

Pregnant: Y N UNK

Weeks pregnant (gestation): _____

Who filled out this form?

Name (complete)

Relationship with patient:

Tel: Fax: Email:

Must have the following information for sample processing

Day Month Year

Date of first symptom: _____/_____/_____

Date specimen taken:

Serum: First sample (Acute = first 5 days of illness – check for virus) _____/_____/_____

Second sample (Convalescent = more than 5 days after onset – check for antibodies) _____/_____/_____

Third sample _____/_____/_____

Fatal cases (tissue type):_____ _____/_____/_____

Additional Patient Data

How long have you lived in this city? _____

Country of birth _____

Have you been diagnosed with dengue before? ☐ Yes ☐ No ☐ Unk

When diagnosed? _____/_____ Month Year ☐ Unk

Got Yellow Fever Vaccine ☐ Yes ☐ No ☐ Unk Year vaccinated _____

During the 14 days before onset of illness, did you TRAVEL to other cities or countries?

☐ Yes, another country ☐ Yes, another city ☐ No ☐ Unk

WHERE did you TRAVEL? _____

PLEASE indicate below the signs and symptoms that the patient has at the time that this form is being completed

	Yes	No	Unk
Fever lasting 2-7 days	☐	☐	☐
Fever now(>38ºC)	☐	☐	☐
Platelets ≤100,000/mm³	☐	☐	☐

Platelet count: _____

Any hemorrhagic manifestation

	Yes	No	Unk
Petechiae	☐	☐	☐
Purpura/Ecchymosis	☐	☐	☐
Vomit with blood	☐	☐	☐
Blood in stool	☐	☐	☐
Nasal bleeding	☐	☐	☐
Bleeding gums	☐	☐	☐
Blood in urine	☐	☐	☐
Vaginal bleeding	☐	☐	☐
Positive urinalysis (over 5 RBC/hpf or positive for blood)	☐	☐	☐

Tourniquet test ☐ Pos ☐ Neg ☐ Not done

Evidence of capillary leak

Lowest hematocrit (%) _____

Highest hematocrit (%) _____

Lowest serum albumin _____

Lowest serum protein _____

Lowest blood pressure (SBP/DBP) _____/_____

Lowest pulse pressure (systolic - diastolic) _____

Lowest white blood cell count (WBC) _____

Symptoms	Yes	No	Unk
Rapid, weak pulse	☐	☐	☐
Pallor or cool skin	☐	☐	☐
Chills	☐	☐	☐
Rash	☐	☐	☐
Headache	☐	☐	☐
Eye pain	☐	☐	☐
Body (muscle/bone) pain	☐	☐	☐
Joint pain	☐	☐	☐
Anorexia	☐	☐	☐

Warning signs	Yes	No	Unk
Persistent vomiting	☐	☐	☐
Abdominal pain/Tenderness	☐	☐	☐
Mucosal bleeding	☐	☐	☐
Lethargy, restlessness	☐	☐	☐
Liver enlargement >2cm	☐	☐	☐
Pleural or abdominal effusion	☐	☐	☐

Additional symptoms

Diarrhea	☐	☐	☐
Cough	☐	☐	☐
Conjunctivitis	☐	☐	☐
Nasal congestion	☐	☐	☐
Sore throat	☐	☐	☐
Jaundice	☐	☐	☐
Convulsion or coma	☐	☐	☐
Nausea and vomiting (occasional)	☐	☐	☐
Arthritis (Swollen joints)	☐	☐	☐

FOR CDC DENGUE BRANCH USE ONLY

Specimen No.

S^1 _____ S^2 _____ S^3 _____

SEROLOGY

LUMINEX (MIA)

S^1			S^2			S^3		
Test Date	Ag	Titer	Test Date	Ag	Titer	Test Date	Ag	Titer

IgG ELISA

S^1				S^2				S^3			
Test Date	Ag	Screen	Titer	Test Date	Ag	Screen	Titer	Test Date	Ag	Screen	Titer

IgM ELISA

S^1			S^2			S^3		
Test Date	Ag	P/N	Test Date	Ag	P/N	Test Date	Ag	P/N

Neutralization

S^1			S^2			S^3		
Test Date	Screen	Titer	Test Date	Screen	Titer	Test Date	Screen	Titer
DENV-1								
DENV-2								
DENV-3								
DENV-4								
WEST NILE								
SLE								
YFV								

Viral Isolation & PCR

S^1				S^2				S^3			
Test Date	ID	Isotech	IDtech	Test Date	ID	Isotech	IDtech	Test Date	ID	Isotech	IDtech

Serology Lab Director Signature: _____

Virology Lab Director Signature: _____ Overall dengue interpretation: _____